

<i>SERFF Tracking Number:</i>	<i>ERCA-125266884</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Employers Reinsurance Corporation, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025840</i>
<i>Company Tracking Number:</i>	<i>9-CR-AR-07-02722-1-F</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing</i>		
<i>Project Name/Number:</i>	<i>AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing/9-CR-AR-07-02722-1-F</i>		

Filing at a Glance

Companies: Employers Reinsurance Corporation, Westport Insurance Corporation, North American Elite Insurance Company, North American Specialty Insurance Company

Product Name: AR - WIC/ERC/NAS/NAE - SERFF Tr Num: ERCA-125266884 State: Arkansas
Commercial Crime - Declaration Page Filing

TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: AR-PC-07-025840

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 9-CR-AR-07-02722-1-F State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Robin Bromell Disposition Date: 08/21/2007

Date Submitted: 08/20/2007 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008 Effective Date (New): 10/01/2007

Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):
10/01/2007

General Information

Project Name: AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing	Status of Filing in Domicile: Pending
Project Number: 9-CR-AR-07-02722-1-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/21/2007	
State Status Changed: 08/20/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Swiss Reinsurance would like to file declaration pages for its Commercial Crime and Fidelity program for four of its companies, Westport Insurance Corporation (WIC), Employers Reinsurance Corporation (ERC), North American Specialty Insurance Company (NAS) and North American Elite Insurance Company (NAE). Please see the attached forms summary of the declarations being filed for approval.

For WIC and ERC, we would like to with Commercial Crime Policy Declarations SP 2 195 0702 and Employee Theft and Forgery Policy Declarations SP 2 196 0702. These dec pages will be replaced with SP 2 195 0807 and SP 2 196 0807.

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Please see the attached forms summary.

This filing is being submitted under the Prior Approval provisions. We respectfully request an effective date of October 1, 2007.

Company and Contact

Filing Contact Information

Robin Bromell, Compliance Specialist	robin_bromell@swissre.com
5200 Metcalf	(800) 241-3470 [Phone]
Overland Park, KS 66201-1379	(913) 676-6226[FAX]

Filing Company Information

Employers Reinsurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
P.O. Box 2991		
Overland Park, KS 66201-1391	Group Name:	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 48-0921045	

Westport Insurance Corporation	CoCode: 34207	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
P.O. Box 2979		
Overland Park, KS 66201-1379	Group Name:	State ID Number:
(800) 241-3470 ext. [Phone]	FEIN Number: 13-1941868	

North American Elite Insurance Company	CoCode: 29700	State of Domicile: New Hampshire
5200 Metcalf, P.O. Box 2979	Group Code: 181	Company Type:
Overland Park, KS 66201-1379	Group Name:	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 13-3440360	

North American Specialty Insurance Company	CoCode: 29874	State of Domicile: New Hampshire
5200 Metcalf, P.O. Box 2979	Group Code: 181	Company Type:
Overland Park, KS 66201-1379	Group Name:	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 02-0311919	

SERFF Tracking Number: ERCA-125266884 State: Arkansas
First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-025840
Company Tracking Number: 9-CR-AR-07-02722-1-F
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing
Project Name/Number: AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing/9-CR-AR-07-02722-1-F

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
North American Specialty Insurance Company	\$0.00	08/20/2007	
Westport Insurance Corporation	\$0.00	08/20/2007	
Employers Reinsurance Corporation	\$0.00	08/20/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
101670	\$50.00	08/17/2007

SERFF Tracking Number: *ERCA-125266884* *State:* *Arkansas*
First Filing Company: *Employers Reinsurance Corporation, ...* *State Tracking Number:* *AR-PC-07-025840*
Company Tracking Number: *9-CR-AR-07-02722-1-F*
TOI: *26.0 Burglary & Theft* *Sub-TOI:* *26.0001 Commercial Burglary & Theft*
Product Name: *AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing*
Project Name/Number: *AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing/9-CR-AR-07-02722-1-F*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/21/2007	08/21/2007

SERFF Tracking Number: ERCA-125266884 State: Arkansas
First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-025840
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Product Name: AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing
Project Name/Number: AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing/9-CR-AR-07-02722-1-F

Disposition

Disposition Date: 08/21/2007
Effective Date (New): 10/01/2007
Effective Date (Renewal): 10/01/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: ERCA-125266884 State: Arkansas

First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-025840

Company Tracking Number: 9-CR-AR-07-02722-1-F

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing

Project Name/Number: AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing/9-CR-AR-07-02722-1-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Commercial Crime Policy Declarations	Approved	Yes
Form	Employee Theft and Forgery Policy Declarations	Approved	Yes
Form	Crime and Fidelity Coverage Part Declarations (Commercial Entities)	Approved	Yes
Form	Government Crime Policy Declarations	Approved	Yes
Form	Crime and Fidelity Coverage Part Declarations (Government Entities)	Approved	Yes
Form	Crime and Fidelity Coverage Part Declarations (Kidnap/Ransom and Extortion Coverage)	Approved	Yes
Form	Kidnap/Ransom and Extortion Policy Declarations	Approved	Yes

SERFF Tracking Number: ERCA-125266884 State: Arkansas

First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-025840

Company Tracking Number: 9-CR-AR-07-02722-1-F

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing

Project Name/Number: AR - WIC/ERC/NAS/NAE - Commercial Crime - Declaration Page Filing/9-CR-AR-07-02722-1-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Crime Policy Declarations	SP 2 195	0807	Declaration Replaced s/Schedule	Replaced Form #:0.00 SP 2 195 0702 Previous Filing #:		SP 2 195 0807.pdf
Approved	Employee Theft and Forgery Policy Declarations	SP 2 196	0807	Declaration Replaced s/Schedule	Replaced Form #:0.00 SP 2 196 0702 Previous Filing #:		SP 2 196 0807.pdf
Approved	Crime and Fidelity Coverage Part Declarations (Commercial Entities)	SP 4 031	0807	Declaration New s/Schedule		0.00	SP 4 031 0807.pdf
Approved	Government Crime Policy Declarations	SP 4 032	0807	Declaration New s/Schedule		0.00	SP 4 032 0807.pdf
Approved	Crime and Fidelity Coverage Part Declarations (Government Entities)	SP 4 033	0807	Declaration New s/Schedule		0.00	SP 4 033 0807.pdf
Approved	Crime and Fidelity Coverage Part Declarations (Kidnap/Ransom and Extortion Coverage)	SP 4 034	0807	Declaration New s/Schedule		0.00	SP 4 034 0807.pdf
Approved	Kidnap/Ransom and Extortion Policy Declarations	SP 4 035	0807	Declaration New s/Schedule		0.00	SP 4 035 0807.pdf

[Insert Company Name Here]
POLICY NUMBER:

CRIME AND FIDELITY
SP 2 195 0807

COMMERCIAL CRIME POLICY DECLARATIONS

In Return For The Payment Of The Premium, And Subject To All The Terms And Conditions Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy.

Coverage Is Written:

☐

Primary

☐

Excess

☐

Coindemnity

☐

Concurrent

Company Name Area:
Producer Name Area:
Named Insured:
(Also list any Employee Benefit Plan(s) included as Insureds):
Mailing Address:
Policy Period
From:
To: 12:01 A.M. at your mailing address shown above.

Insurance Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$	\$
2. Forgery Or Alteration		
3. Inside The Premises – Theft Of Money And Securities		
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property		
5. Outside The Premises		
6. Computer Fraud		
7. Funds Transfer Fraud		
8. Money Orders And Counterfeit Money		
Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is deleted.		

If Added By Endorsement:		
Insuring Agreement	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

Endorsements Forming Part Of This Policy When Issued:

Cancellation Of Prior Insurance Issued By Us:
By acceptance of this Policy you give us notice cancelling prior policy Nos. ; the cancellation to be effective at the time this Policy becomes effective.

Countersignature Of Authorized Representative
Name: Title: Signature: Date:

[Insert Company Name Here]
POLICY NUMBER:

CRIME AND FIDELITY
SP 2 196 0807

EMPLOYEE THEFT AND FORGERY POLICY DECLARATIONS

In Return For The Payment Of The Premium, And Subject To All The Terms And Conditions Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy.

Coverage Is Written:

☐

Primary

☐

Excess

☐

Coindemnity

☐

Concurrent

Company Name Area:

Producer Name Area:

Named Insured:

(Also list any Employee Benefit Plan(s) included as Insureds):

Mailing Address:

Policy Period

From:

To:

12:01 A.M. at your mailing address shown above.

Insuring Agreements		Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1.	Employee Theft	\$	\$
2.	Forgery Or Alteration		
If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.			

If Added By Endorsement:

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

Cancellation Of Prior Insurance Issued By Us:

By acceptance of this Policy you give us notice cancelling prior policy Nos.

; the cancellation to be effective at the time this Policy becomes effective.

Countersignature Of Authorized Representative

Name:

Title:

Signature:

Date:

[Insert Company Name Here]
POLICY NUMBER:

CRIME AND FIDELITY
SP 4 031 0807

CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)

The Crime And Fidelity Coverage Part (Commercial Entities) consists of this Declarations Form and the Commercial Crime Coverage Form.

Coverage Is Written:

☐

Primary

☐

Excess

☐

Coindemnity

☐

Concurrent

Employee Benefit Plan(s) Included As Insureds:

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$	\$
2. Forgery Or Alteration		
3. Inside The Premises – Theft Of Money And Securities		
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property		
5. Outside The Premises		
6. Computer Fraud		
7. Funds Transfer Fraud		
8. Money Orders And Counterfeit Money		
If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.		

If Added By Endorsement:

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$
Endorsements Forming Part Of This Coverage Part When Issued:		

Cancellation Of Prior Insurance Issued By Us:

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos. ; the cancellation to be effective at the time this Coverage Part becomes effective.

Countersignature Of Authorized Representative

Name:

Title:

Signature:

Date:

[Insert Company Name Here]
POLICY NUMBER:

CRIME AND FIDELITY
SP 4 032 0807

GOVERNMENT CRIME POLICY DECLARATIONS

In Return For The Payment Of The Premium, And Subject To All The Terms And Conditions Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy.

Coverage Is Written:

☐

Primary

☐

Excess

☐

Coindemnity

☐

Concurrent

Company Name Area:

Producer Name Area:

Named Insured:

(Also list any Employee Benefit Plan(s) included as Insureds):

Mailing Address:

Policy Period

From:

To:

12:01 A.M. at your mailing address shown above.

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft – Per Loss Coverage	\$	\$
2. Employee Theft – Per Employee Coverage		
3. Forgery Or Alteration		
4. Inside The Premises – Theft Of Money And Securities		
5. Inside The Premises – Robbery Or Safe Burglary Of Other Property		
6. Outside The Premises		
7. Computer Fraud		
8. Funds Transfer Fraud		
9. Money Orders And Counterfeit Money		
If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.		

CRIME AND FIDELITY COVERAGE PART DECLARATIONS (GOVERNMENT ENTITIES)

The Crime And Fidelity Coverage Part (Government Entities) consists of this Declarations Form and the Government Crime Coverage Form.

Coverage Is Written:

☐

Primary

☐

Excess

☐

Coindemnity

☐

Concurrent

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft – Per Loss Coverage	\$	\$
2. Employee Theft – Per Employee Coverage		
3. Forgery Or Alteration		
4. Inside The Premises – Theft Of Money And Securities		
5. Inside The Premises – Robbery Or Safe Burglary Of Other Property		
6. Outside The Premises		
7. Computer Fraud		
8. Funds Transfer Fraud		
9. Money Orders And Counterfeit Money		
If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.		

If Added by Endorsement:

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

Endorsements Forming Part Of This Coverage Part When Issued:

Cancellation Of Prior Insurance Issued By Us:

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos.

; the cancellation to be effective at the time this Coverage Part becomes effective.

Countersignature Of Authorized Representative

Name:

Title:

Signature:

Date:

[Insert Company Name Here]
POLICY NUMBER:

CRIME AND FIDELITY
SP 4 034 0807

CRIME AND FIDELITY COVERAGE PART DECLARATIONS (KIDNAP/RANSOM AND EXTORTION COVERAGE)

The Crime And Fidelity Coverage Part (Kidnap/Ransom And Extortion Coverage) consists of this Declarations Form and the Kidnap/Ransom And Extortion Coverage Form.

Coverage Is Written:

☐

Primary

☐

Excess

☐

Coindemnity

☐

Concurrent

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Kidnap/Ransom And Extortion – Direct Loss	\$	\$
2. Kidnap/Ransom And Extortion – Expenses Incurred	\$	Not Applicable
3. Detention Or Hijack	\$	Not Applicable
4. In-Transit Delivery Of Property	\$	\$
If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.		

If Added by Endorsement:

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

Persons Or Classes Of Persons Excluded From Coverage:

Security Firm Name:

Address:

Endorsements Forming Part Of This Policy When Issued:

Cancellation Of Prior Insurance Issued By Us:

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos.

; the cancellation to be effective at the time this Coverage Part becomes effective.

Countersignature Of Authorized Representative

Name:

Title:

Signature:

Date:

[Insert Company Name Here]
POLICY NUMBER:

CRIME AND FIDELITY
SP 4 035 0807

KIDNAP/RANSOM AND EXTORTION POLICY DECLARATIONS

In Return For The Payment Of The Premium, And Subject To The Terms And Conditions Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy.

Coverage Is Written:

☐

Primary

☐

Excess

☐

Coindemnity

☐

Concurrent

Company Name Area:

Producer Name Area:

Named Insured:

Mailing Address:

Policy Period

From:

To:

12:01 A.M. at your mailing address shown above.

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Kidnap/Ransom And Extortion – Direct Loss	\$	\$
2. Kidnap/Ransom And Extortion – Expenses Incurred	\$	Not Applicable
3. Detention Or Hijack	\$	Not Applicable
4. In-Transit Delivery Of Property	\$	\$
If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.		

If Added by Endorsement:		
Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

Persons Or Classes Of Persons Excluded From Coverage:

Countries Excluded From Coverage:

Security Firm Name:

Address:

Endorsements Forming Part Of This Policy When Issued:

Cancellation Of Prior Insurance Issued By Us:
By acceptance of this policy you give us notice cancelling prior policy Nos. ; the cancellation to be effective at the time this policy becomes effective.

Countersignature Of Authorized Representative
Name: Title: Signature: Date:

<i>SERFF Tracking Number:</i>	<i>ERCA-125266884</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Employers Reinsurance Corporation, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025840</i>
<i>Company Tracking Number:</i>	<i>9-CR-AR-07-02722-1-F</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ERCA-125266884 State: Arkansas
First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-025840
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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	08/21/2007

Comments:

Attachments:

AR Form Filing Schedule.pdf
AR PCTD1 Transmittal.pdf

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing.)

1.	This filing transmittal is part of Company Tracking #	9-CR-AR-07-02722-1-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	NA			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Commercial Crime Policy Declarations	SP 2 195 0807	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	SP 2 195 0702	
02	Employee Theft and Forgery Policy Declarations	SP 2 196 0807	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	SP 2 196 0702	
03	Crime and Fidelity Coverage Part Declarations (Commercial Entities)	SP 4 031 0807	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Government Crime Policy Declarations	SP 4 032 0807	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Crime and Fidelity Coverage Part Declarations (Government Entities)	SP 4 033 0807	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Crime and Fidelity Coverage Part Declarations (Kidnap/Ransom and Extortion Coverage)	SP 4 034 0807	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Kidnap/Ransom and Extortion Policy Declarations	SP 4 035 0807	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Property & Casualty Transmittal Document

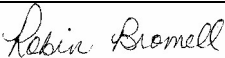
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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New Business																					
Renewal Business																					
f. State Filing #:																					
g. SERFF Filing #:																					
h. Subject Codes																					

3. Group Name	Group NAIC #
Swiss Reinsurance	181

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Westport Insurance Corporation	MO	181-34207	13-1941868	
Employers Reinsurance Corporation	MO	181-39845	48-0921045	
North American Specialty Insurance Company	NH	181-29874	02-311919	
North American Elite Insurance Company	NH	181-29700	13-3440360	

5. Company Tracking Number	9-CR-AR-07-02722-1-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Robin Bromell 5200 Metcalf Overland Park, KS 66201	Compliance Specialist	800-255-6931, Ext. 5503	913-676-6226	Robin_bromell@swissre.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Robin Bromell		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	26.0000
10. Sub-Type of Insurance (Sub-TOI)	26.0000
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/01/2007 Renewal: 10/01/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	08/20/2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

Swiss Reinsurance would like to file declaration pages for its Commercial Crime and Fidelity program for four of its companies, Westport Insurance Corporation (WIC), Employers Reinsurance Corporation (ERC), North American Specialty Insurance Company (NAS) and North American Elite Insurance Company (NAE). Please see the attached forms summary of the declarations being filed for approval.

For WIC and ERC, we would like to with Commercial Crime Policy Declarations SP 2 195 0702 and Employee Theft and Forgery Policy Declarations SP 2 196 0702. These dec pages will be replaced with SP 2 195 0807 and SP 2 196 0807.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**